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Pesticide/Asbestos Programs and Enforcement Branch
Enforcement Case Screening and Recommendation
Worksheet¹

(Enforcement Confidential - Do Not Release Under FIOA)

INSTRUCTIONS In response to a detected violation or set of detected violations, EPA enforcement staff may find completion of this checklist useful in prioritizing cases for formal enforcement action. Even if a violator has received or requested compliance assistance, the violations may still merit the initiation of a formal enforcement action.

Facility Name: <i>Hallowell Elementary School</i> Address: <i>200 Maple Ave</i> City, State, Zip Code: <i>Horsham, PA 19046</i> Contractor: <i>Safe Site Environmental</i> Address: City, State, Zip Code: <i>Lansham, PA 19047</i>	File Number: Inspection Date: <i>7-28-08</i> Violation Date: Projected Quarter:	Inspector: <i>Rich Park</i> Case Reviewer: <i>Rich Park</i> ORC Contact:	Statute: FIFRA <u>CAA NESHAPs</u> TSCA AHERA TSCA ASHARA TSCA MAP
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Were any violations observed during inspection/ case review? Yes (continue) ~~No~~ (close out)

Inspection Summary:

Summarize key issues and violations found in the inspection report(s). Include the names addresses and telephone numbers of EPA and State inspectors that participated in the inspection. In FIFRA cases where there were no state or federal inspections describe in detail how evidence was gathered and how violations were determined. (Attach copies of all relevant inspection reports.) Self-Disclosure? Yes No

No violations observed

Detailed Description of Violations:

List each alleged violation citing the applicable statute and/or regulation. Describe how each violation was determined. List in detail the information in our possession that supports the fact that a violation(s) has occurred. Discuss in detail how the statute and/or regulations in question are applicable to the alleged violator. For example: does the violator/facility meet the definition of facility, does the case meet any threshold requirements for there to be a violation, etc.) Discuss how the alleged violation(s) are not subject to applicable exclusions found in the regulations or applicable policy. Describe whether there has been an actual exposure to, or is there a substantial likelihood of exposure to pesticides/ asbestos that resulted from or may result from action taken or not taken by the alleged violator. Are the violation(s) continuing? Identify the source(s) of this information. (Attach copies of supporting documentation.)

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Compliance History.

Provide a description of the compliance history of the violator or facility, including repeat violations. Describe instances of non-compliance with FIFRA, CAA or TSCA activities. Also describe instances of non-FIFRA, CAA or TSCA non-compliance if there is a relevant link between the FIFRA, CAA or TSCA, and non-FIFRA, CAA or TSCA non-compliance.

Ownership Information:

Provide information that supports that the party being cited for violations is the proper entity to receive the proposed enforcement action. This may include information on the facility ownership, The correct names of the contractors involved or other relevant information. (D&B reports and deed and title search information may provide this information.)

Financial Status of Facility Owner /Operator.

Provide a brief description of the violator's financial status as currently available. This can be obtained through responses to information requests, Dun & Bradstreet reports, etc. (Attach copies of supporting information)

Other Considerations

Provide a brief description Are there any apparent knowing, willful or negligent conduct by the company or any individual employed by the company? Yes No

Are there known or suspected violation(s) of other regulatory requirements? Yes No

Does this case have multi-media potential? Yes No

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Penalty Calculation and Justification

List for each violation a proposed penalty for that violation. Provide a brief narrative on how this penalty amount was determined and what assumptions and judgements regarding the evidence and the severity of the violation(s) were made? Include an economic benefit component if appropriate? (Attach penalty calculation sheets.)

Penalty Only/Injunctive Relief

Is this a penalty only case or are there specific tasks that must be completed by the violator for the facility to return to compliance. Please describe.

What is the recommended enforcement response?

Advisory Letter
Administrative Order
APO
Close
Criminal Referral
Judicial Referral
NOV/NOW/NON
Stop Sale Order
Refer to State
Refer to Other Region
Other
Show Cause/Super CAFO

TIER I Decision

Date:

Advisory Letter
Administrative Order
APO
Close
Criminal Referral
Judicial Referral
NOV/NOW/NON
SSURO
Refer to State
Refer to Other Region
Other
Show Cause/Super CAFO

Case Reviewer

Michael Park

Date 9/27/08

Enforcement Coordinator

Michael Park

Date 9/29/08

Branch Chief

John Ruffalo

Date 10/2/08

¹ . This is a pre-decisional document protected by the deliberative process and attorney work product privileges (and may also be privileged attorney-client communication). Conclusions or recommendations are intended solely as primary information for government personnel. This worksheet contains tentative conclusions and staff-level recommendations and does not create any rights, or procedural, or defenses, as they are not binding on the Agency or the Department of Justice.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
1650 Arch Street
Philadelphia, Pennsylvania 19103-2029

Project Name: Hallowell Elementary School Asbestos File # _____
Project Location: Horseshoe, PA Project # _____
Contractor: Safe Side Environmental Insp. Date: 7-23-08
On-Site Super.: Witold Gosek PA 010355 Inspector: Rich Runk
Type of Project: REMOVAL DEMOLITION
Phase of Project: PRE-JOB SET-UP REMOVAL POST
Inspection # 1st ✓ 2nd _____ 3rd _____ 4th _____ 5th _____
Independent Consultant:
Company Name: Eagle Industrial Hygiene
On-Site Supervisor: Aidan McCoy
Type of Removal: GROSS X GLOVE-BAG OTHER: _____

NESHAP'S REQUIREMENTS

Is Removal: PLANNED ✓ EMERGENCY
If Planned, Was Notification Postmarked 10 Working Days Prior to the Start of Project??
YES ✓ NO _____ N/A _____
Category of ACM to be Removed: REGULATED ACM ✓ CAT I _____ CAT II _____
Is Water Available On-Site: YES ✓ NO _____
Is ACM Wet During Removal: YES ✓ NO _____
Is Amended Water Used: YES ✓ NO _____

WORK PRACTICES

Warning Signs Posted: YES ✓ NO _____
Entrance to Work Site Restricted: YES ✓ NO _____
Are Walls to be Sealed with Plastic: YES ✓ NO _____
Are Floors to be Sealed with Plastic: YES ✓ NO _____
Is Plastic: CLEAR ✓ BLACK _____ OTHER: _____
Is There a Decontamination Unit for Entry/Exit: YES ✓ NO _____
If So, What Type of Decon Unit will be Used: 3 STAGE/SHOWER ✓ 2 STAGE/DRY _____ OTHER: _____
Are Movable Objects out of Work Area: YES ✓ NO _____
Are Immovable Objects Covered and Sealed: YES ✓ NO _____
Are There Holes or Tears in Containment Area: YES ✓ NO _____
Number of Hepa Neg. Air Units in Use: 3 _____
Is Negative Air Maintained in Containment Area: YES ✓ NO _____
Will HEPA Units Run Continuously During Removal and Final Clearance: YES ✓ NO _____
If NO, WHY: _____
Are There Hepa Vacuum Cleaners On-Site: YES ✓ NO _____
Is ACM Waste Bagged as it is Removed: YES ✓ NO _____
Are Removal Workers Wearing Protective Clothing: YES ✓ NO _____
Are Removal Workers Wearing Proper Respirators: YES ✓ NO _____
Will an Encapsulant be Used: YES ✓ NO _____
Are warning signs posted on waste storage (trailer or dumpster) area while loading or unloading: YES ✓ NO _____
Is the ACM Waste Stored On-Site for Length of Removal: YES ✓ NO _____
Is the ACM Waste Storage Site Secure: YES ✓ NO _____

N/A



Is Air Sampling to be Done:

If So, What Type:

PCu AREA, TPH G-1

YES

NO

How Will the Samples be Analyzed:

List, if any, Violations Noted:

Does the Amount of ACM to be Removed Correspond to the Amount Shown on the Notification Form:

YES

NO

If NO, Explain:

Is Removed ACM Properly Bagged and Labeled:

YES

NO

Does the Label Include the Name and Generator of Waste:

YES

NO

Is the Waste Transporter(s) the Same as Listed on the Notification Form:

YES

NO

if NO, why:

Is the Waste Disposal Site the Same as Listed on the Notification Form:

YES

NO

if NO, why:

Will the Waste Shipment Record Accompany the ACM to the Landfill:

YES

NO

if NO, why:

Comments & Recommendations:

Adam Kosecki PA 037155

Roman Laski PA 039065

Miroslaw Jakubik PA 039368

Miroslaw Mieszczak PA 037850

Tadeusz Wozniak PA 039066 Eco Environmental Training 6-7-08

Crew showing pipeline in full containment using water

ABBREVIATED AHERA COMPLIANCE REFERRAL FORM
(for NESHAPs INSPECTOR)

LEA: Hatboro Harsham

(☒ Public or () Private) Grades (i.e., K - 12)

ADDRESS: 229 Matbyhouse Rd

CITY/STATE/ZIP: Harsham PA 19044

Telephone: 200 Maple Ave

Designated Person: Dennis Stinson

Telephone:

SCHOOL: Hallowell Elementary School

ADDRESS: 200 Maple Ave

CITY/STATE/ZIP: Harsham, PA 19044

Telephone:

ABATEMENT PROJECT DESCRIPTION (including size of project):

Lead-based paint abatement (625 lb) 6 classrooms

WAS PROJECT SUPERVISOR ACCREDITED? ☒ Yes ☐ No

PROJECT SUPERVISOR'S STATE/ACCREDITATION NUMBER: Witold Gosek PA 010355

ON THE BACK OF THIS SHEET, LIST EACH WORKER, STATE/ACCREDITATION NUMBER, AND DATE OF ACCREDITATION.

WAS AIR CLEARANCE IN PROGRESS? ☐ Yes ☒ No

NAME OF PERSON CONDUCTING CLEARANCE: Aidan McLaughlin

AFFILIATION: PAH



LABORATORY CONTRACTED TO ANALYZE SAMPLES:

NAME: EWSC

ADDRESS: _____

CITY/STATE/ZIP: Westport NJ

Telephone: _____

DATE OF ANALYSIS: _____

DATE RESULTS PROVIDED TO LEA: _____

TYPE OF ANALYSIS: ☒ TEM ☐ PCM

WAS THE MANAGEMENT PLAN AVAILABLE FOR INSPECTION? Yes ☐ No ☐

LOCATION OF PLAN: above

@ LEA SITE: Harsham, PA

@ SCHOOL SITE: Harsham, PA

WAS THE ABATEMENT PROJECT INCLUDED IN THE PLAN? Describe:

Arthur Rabe
NESHAP INSPECTOR'S NAME

7/23/08
DATE





ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Date Received 1

Date Received 2

Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

RECEIVED

JUL 07 2008

Pesticides & Asbestos Programs
and Enforcement Branch (3WC32)
EPA Region III

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one): <input type="checkbox"/> Revision (highlight here, and changes) <input type="checkbox"/> Postponement <input type="checkbox"/> Initial <input type="checkbox"/> Phase of Annual Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> Annual Notification <input type="checkbox"/>	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual Notification <input type="checkbox"/> Phase of Annual Notification <input type="checkbox"/> Cancellation
Date of Initial Notification or, if previously revised, date of last revision: _____		
2.	PROJECT LOCATION (check one): <input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input checked="" type="checkbox"/> Other Location in PA (specify county): <u>Montgomery</u>	
3.	For Allegheny County and City of Philadelphia projects only: A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.) B. For City of Philadelphia projects requiring a permit: Asbestos project inspector: _____ Certification #: _____ Company name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____	
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).	
5.	TYPE OF OPERATION (check one): <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Abatement prior to Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation	
6.	FACILITY DESCRIPTION: Job No.: _____ (see instructions) Facility Name: <u>Hallowell Elementary School</u> Street/Rural Address: <u>200 Maple Avenue</u> City: <u>Horsham</u> State: <u>PA</u> Zip Code: <u>19044</u> Present use: <u>School</u> Prior use: <u>Same</u> Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Facility size in square feet: <u>+/- 30,000</u> # of floors: <u>1</u> Age in years: <u>40+</u>	
7.	ABATEMENT CONTRACTOR: Company name: <u>Safe Side Environmental Restoration, Inc.</u> Allegheny County or City of Philadelphia License # (if applicable): <u>000056</u> Street/Rural/POB Address: <u>246-13 Summit Square Center</u> City: <u>Langhorne</u> State: <u>PA</u> Zip: <u>19047</u> Contact: <u>Andre Gosek</u> Telephone No. (between 8:00 & 4:30): <u>215-497-9120</u>	

8. DEMOLITION CONTRACTOR: Company name: _____ Street/Rural/POB Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Telephone No. (between 8:00 & 4:30): _____										
9. FACILITY OWNER: Owner name: <u>School District of Hatboro-Horsham</u> Street/Rural/POB Address: <u>229 Meetinghouse Road</u> City: <u>Horsham</u> State: <u>PA</u> Zip: <u>19044</u> Contact: <u>Dennis Stinson</u> Telephone No. (between 8:00 & 4:30): <u>215-675-1830</u>										
10. FACILITY INSPECTION (required for renovation and demolition projects): Building inspector: _____ Certification # _____ Date of inspection: _____ Is any material assumed to be asbestos? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: <u>Visual Inspection and Bulk Sampling/PLM Analysis</u>										
<input type="checkbox"/> Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)										
11. IS ANY TYPE OF ASBESTOS PRESENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list in #12										
12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD. PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.										
Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****				
FRI	Floor linoleum/paper	Room 17	900	SF	REM	TEM				
FRI	Floor linoleum/paper	Room 20	900	SF	REM	TEM				
FRI	Floor linoleum/paper	Room 21	900	SF	REM	TEM				
FRI	Floor linoleum/paper	Room 23	900	SF	REM	TEM				
FRI	Floor linoleum/paper	Room 15	900	SF	REM	TEM				
FRI	Floor linoleum/paper	Room 19	900	SF	REM	TEM				
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> Code * <u>Type of ACM</u> FRI - Friable ACM NF1 - Cat I nonfriable ACM NF2 - Cat II nonfriable ACM (Note: Allegheny County treats all ACM as friable) </td> <td style="width: 25%; vertical-align: top;"> Code ** <u>Units</u> LF - Linear ft. SF - Square ft. CF - Cubic ft. </td> <td style="width: 25%; vertical-align: top;"> Code *** <u>Type of abatement</u> REM - Removal CAP - Encapsulation CLO - Enclosure NON - None </td> <td style="width: 25%; vertical-align: top;"> Code **** <u>Final Clearance</u> PCM - Phase contrast microscopy TEM - Transmission electron microscopy </td> </tr> </table>							Code * <u>Type of ACM</u> FRI - Friable ACM NF1 - Cat I nonfriable ACM NF2 - Cat II nonfriable ACM (Note: Allegheny County treats all ACM as friable)	Code ** <u>Units</u> LF - Linear ft. SF - Square ft. CF - Cubic ft.	Code *** <u>Type of abatement</u> REM - Removal CAP - Encapsulation CLO - Enclosure NON - None	Code **** <u>Final Clearance</u> PCM - Phase contrast microscopy TEM - Transmission electron microscopy
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13. Is this project regulated by NESHAP <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.										

14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: 07/17/2008 Completion Date: 07/30/2008
 Daily hours of operation: 8:00 ☒ am ☐ pm to 6:00 ☐ am ☒ pm
 Days of week (check) ☒ Mo ☒ Tu ☒ We ☒ Th ☒ Fr ☒ Sa ☐ Su
- B. Demolition: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- C. Renovation: Start Date: _____ Completion Date: _____
 Daily hours of operation: _____ ☐ am ☐ pm to _____ ☐ am ☐ pm
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Full containment removal procedure, use of water, negative air pressure ventilation units. Decontamination unit.

Manual removal.

All removed materials will be disposed of as Asbestos Containing Waste.

17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: Safe Side Environmental Restoration, Inc
 Street/Rural Address: 246-13 Summit Square Center
 City: Langhorne State: PA Zip: 19047
 Contact: A. Gosek Telephone: 215 - 497 - 9120
- B. Transporter #2 name: Service Transport Group, Inc.
 Street/Rural Address: 58 Pyles Lane
 City: Willmington State: DE Zip: 19801
 Contact: T Gaudet Telephone: 877-999-9559

18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

- A. Landfill name: A & L Salvage, Inc. DEP permit #: _____
 Street/Rural Address: 11225 State Road, RT #45
 City: Lisbon State: OH Zip: 44432
 Contact: Stephen Callahan Telephone: 330-424-3739
- B. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S)

- A. Company name/individual: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. Final clearance firm: (if different than 19A) _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- Final clearance firm was hired by (check one) ☐ Contractor ☒ Owner
☐ Other Explain _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

- A. PCM company name/individual: EAGLE Industrial Hygiene Assoc, Inc Certification #: _____
 Street/Rural Address: 359 Dresher Road
 City: Horsham State: PA Zip: 19044
 Contact: Larry Nagelberg Telephone: 215-672-6088
- B. TEM company name: EMSL Certification #: 137
 Street/Rural Address: 108 Haddon Ave
 City: Westmond State: NJ Zip: 08108
 Contact: J. Frasca Telephone: 609-8584800

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ ☐ am ☐ pm

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: _____

Name of individual who ordered: _____ Title: _____

Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop work; Wet materials; Contain immediate area; pick up wet and containerize; Hepa Vacuum and Wet wip area; Air Testing for clearance levels.


24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____ Certification #: _____

Contractor (Individual): Witold Gosek Certification #: 010355Supervisor: Witold Gosek Certification #: 010355Contractor (Firm) Safe Side Environmental Restoration, Inc Certification #: C0156A

* * * * * SIGN BOTH STATEMENTS * * * * *

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.



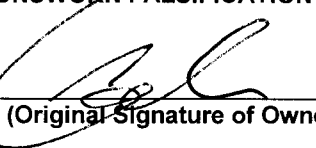
(Original Signature of Owner/Operator)

07/02/2008

(Date)

Printed Name of Owner/Operator: Andre Gosek Title: President

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.



(Original Signature of Owner/Operator)

07/02/2008

(Date)

Printed Name of Owner/Operator: Andre Gosek Title: President

Safe Side Environmental Restoration, Inc
246-13 Summit Square Center
Langhorne, PA 19047

PHILADELPHIA PA 191

02 JUL 2008 PM 2 L



Asbestos NESHAP Coordinator
(313) 6232
1650 Arch Street
Philadelphia, PA 19103

19103+2029

